Effective October 1, 2003 (7121-100).											υ 25 - · J) .		
CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAT													
TOTAL CLAIMS			22		i.		ļ.	RATE	FEE	٦ .	RATE	FEE	1
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	€ 385.00	OR	BASIC FEE	770.00	1
TOTAL CHARGEABLE CLAIMS			22 minus 20=		* 7			X\$ 9=		OR	X\$18=	36	
INDEPENDENT CLAIMS			1 minus 3 =		• 0			X43=	+	1	\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>		1
ML	ILTIPLE DEPE	NDENT CLAIM P	RESENT					<u> </u>	+	OR		<u> </u>	1
* If the difference in column 1 is less than zero, enter "0" in column 2								+145=		OR	L		
O 10 O CLAIMS AS AMENDED - PART II OT										TOTAL	806	4	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY					
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	/ **		=		X\$ 9=		OR	X\$18=		1
	Independent		Minus /	770		=		X43=		OR	X86=		1
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290≐		
							,	TOTAL			TOTAL		0
	•	(Column 1)		(Colun	nn 2)	(Column 3)		ADDIT. FEE		10	ADDIT. FEE	<u> </u>	1
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	EST BER BUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	K
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	-	=]	X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	,		+290=		1
							į	TOTAL		OR	TOTAL		
					4.		•	ADDIT. FEE		OR ,	ADDIT. FEE		1
		(Column 1) CLAIMS		(Colum		(Column 3)							Į.
AMENDMENT C		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	JER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	;
	Total	•	Minus	**		= .		X\$ 9=		OR	X\$18=		1 .
	Independent	*	Minus	***		8		X43=		OR	X86=		1
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT	CLAIM							-	
* If the intry in column 1 is less than the entry in column 2, write "0" in column 3.								+145=		OR	+290=		
[i the "Highest Nur	nber Previously Pa mber Previously Pa	ld For IN THIS	S SPACE IS	less than	20, enter *20.	A	TOTAL DDIT. FEE	·	OR ,	TOTAL ADDIT. FEE		1
		ber Previously Pak					r loui	nd in the ap	propriate box	c in coh	umn 1.		

Application or Docket Number